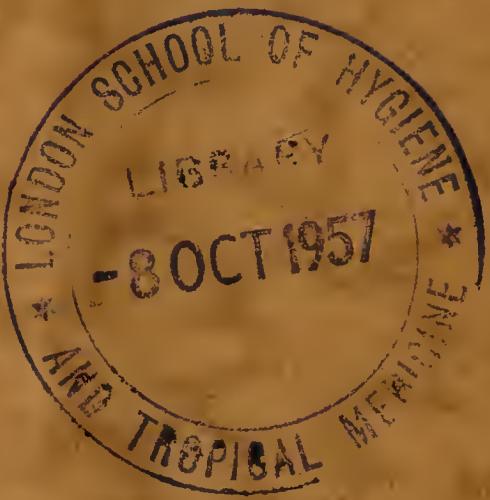


147
10/8/57
1955 REPORT
ON THE
MEDICAL AND HEALTH
SERVICES



SIERRA LEONE



Price—FOUR SHILLINGS

PRINTED AND PUBLISHED BY THE GOVERNMENT PRINTER, SIERRA LEONE

REPORT ON THE MEDICAL AND HEALTH SERVICES FOR THE YEAR 1955

PART I—GENERAL REVIEW

I—ADMINISTRATION AND STAFF

1. The Department suffered a severe loss during the year through the sudden death of Dr. E. A. Renner, O.B.E., who died immediately after he had retired in April. Dr. Renner was the first African to be appointed Director of Medical Services in Sierra Leone.

2. The shortage of medical staff commented upon in last year's review became even more acute during 1955. The full establishment should contain 48 qualified medical practitioners, but at the end of September, this was reduced to 30, less than two-thirds of the full strength; of these 8 were absent on leave, leaving an effective strength of 22 medical practitioners, 5 of whom were on administrative, laboratory or health duties, leaving only 17 practitioners to do the work of a total of 15 hospitals. This has imposed a great strain upon medical officers stationed in the larger centres at Freetown and Bo; in Freetown the Medical Department received help from medical officers of the R.A.M.C., but for whom it would have been extremely difficult to maintain services without closing hospitals. The Director, Deputy Director, Senior Surgical Specialist and eight medical officers left during the year, a total loss of eleven medical practitioners. The position improved considerably towards the end of the year, and there has been a total of twelve medical appointments including one houseman, a pathologist, and a medical specialist. Some of the appointments are temporary contracts made locally—pensioners who have returned to the service or married women—who are not expected to give permanent service, so the establishment still allows no room for complacency. At the end of the year the establishment was 10 medical officers, one surgeon specialist, one senior pathologist, a total of twelve medical practitioners below strength. In a total establishment of 48 medical practitioners this means that the Department is as about three-quarters of its full medical strength.

3. More expatriate medical officers are promised in the new year and three or four newly-qualified Sierra Leone medical officers are expected, two of whom are lady medical officers. It appears that the most acute stage of the shortage may now have passed but the position will not be altogether satisfactory until we can be sure of replacing some of the over-age contract medical officers who cannot be expected to work much longer; also there will be additional commitments when new hospitals open, and with increased field activity of the Endemic Diseases Control Unit when it starts a yaws campaign.

4. The Sierra Leone Medical Service is extensively Africanised. During the year Africans were appointed to senior posts of Assistant Director of Medical Services, Physician Specialist, Senior Medical Officer of Health and Senior Medical Officer. Of the total strength of 36 medical practitioners, 21 are Africans, or about 58 per cent. There are still numbers of Sierra Leone state registered nurses and

state certified midwives, trained in United Kingdom hospitals, who can be recruited into the senior grades of the nursing service with a view to later promotion as nursing sisters. Seven state registered recruits were taken on during the year and more are to be appointed in the New Year. Out of a total of 20 nursing sisters, including health sisters and senior nursing sisters, 15 are Sierra Leoneans; there are 8 Sierra Leoneans out of a total of 14 health superintendents. All other technical staff—laboratory attendants, radiographers, physiotherapists, etc., are Sierra Leoneans.

DEVELOPMENT

5. *New Hospitals.*—The temporary tuberculosis hospital at Lakka, on the coast road 10 miles from Freetown, completed its first full year's work. Though the hospital has not yet been fully developed and many arrangements are still temporary, there is no doubt that the careful selection of cases for treatment there, and the substantial success that has been gained with treatment has done more than anything else to remove fear, and to bring hope and real recovery to sufferers from tuberculosis. With the Colonial Development and Welfare grant of £38,640 (Scheme D2405) for development of this hospital, further progress can be expected. Under the terms of the scheme the hospital is to be specifically designated for clinical research, and it has been agreed at the first meeting of the West African Council for Medical Research in March, 1955, that there should be the fullest co-operation with this Unit as it develops, and with the programme of tuberculosis research being undertaken by the West African Council for Medical Research.

6. Apart from this special unit, five new hospitals are under construction in the Protectorate, under Colonial Development and Welfare Schemes. These are:

Name of Hospital	No. of Scheme	Estimated Cost £	Number of Beds	Estimated Date of Completion
Magburaka ..	D 1994	89,200	67	March, 1956
Kenema ..	D 1994	37,389	32	March, 1956
Lungi ..	D 1994	39,775	32	December, 1956
Kambia* ..	D 2982	40,061	32	December, 1956
Koidu ..	D 1994	53,000	35	1957.

* Included in Scheme D2982 is an extension to the out-patient dispensary and theatre block, and a new twelve bedded ward at Port Loko on which work is now in progress.

7. Work was also started during the year on essential conversions and extensions at the old Princess Christian Mission Hospital which Government acquired in 1954. This work is planned as the first stage of a scheme to provide more room in the over-crowded Connaught Hospital, Freetown, particularly in the first place for out-patients, and also to provide suitable amenity beds for midwifery cases. The Senior Civil Servants Association have complained for some years about the lack of such accommodation for officers' wives, and this development should meet these complaints. The maternity and child welfare clinics will be moved out of the Connaught Hospital, so providing much-needed extra space.

8. Hospital visiting committees have been appointed for all institutions, Government and non-Government, in the Colony and Provinces. Their terms of reference are—

- (i) to pay regular visits to patients in hospital and in particular those who have no one to visit them;

- (ii) to make recommendations concerning the comfort and well-being of patients;
- (iii) to make recommendations concerning the development of the Medical Service as far as it relates to patients; and
- (iv) to make recommendations regarding the dieting of patients.

9. During the year, the salaries of all Government staff were revised and are competitive with those of other West African territories. The salaries of senior posts (Senior Medical Officer grade and above) have been consolidated; this means that there is no difference in these higher grades between the pay of expatriate and African officers.

10. *Health Centres.*—Under Colonial Development and Welfare Scheme D 866, 20 health centres were to be built for the Protectorate, each staffed by a dispenser, midwife and health inspector. All but two of these have now been completed, and they are being staffed.

11. Under Colonial Development and Welfare Scheme D 1641 two larger types of centre were to be provided for the Colony at Waterloo and York. Waterloo has been opened, York is complete except for quarters which will soon be ready.

12. UNICEF aid has been received for equipping these centres.

RECRUITMENT AND TRAINING OF STAFF

13. The recruitment of students to the three training schools has been good during the year 1955. 106 student nurses and midwives and 23 health inspectors-in-training were recruited during the year. The new scheme for training of health inspectors was commenced in May, 1955, and the training school was moved from Freetown to Bo as envisaged in last year's Report.

14. Nurses were trained at the Connaught and Bo hospitals during the year and with the availability of staff it was possible for regular courses of lectures to be given. The main problem is the high percentage of wastage among students who leave the Service early in their career to pursue further training as nurses in the United Kingdom. While this problem exists, the Department is faced with the difficulty of providing an adequate number of trained junior nurses for service in the various institutions.

15. Midwives were trained at the Maternity Hospital, Freetown, and at Bo and are entitled to local registration after successfully sitting the Midwives Examination. Twelve Government candidates and one private took the midwifery certificate and were registered as midwives.

16. Dispensers were trained at the Connaught Hospital and licences granted after they successfully passed the examination. Five Government candidates passed the Druggists Examination this year and were awarded the certificate.

17. Health inspectors were trained in Bo during the year and the course extends over a period of three years before the final examination is taken. One health inspector attempted the examination for the R.S.I. Certificate (West Africa) and was successful.

18. A new class of village maternity assistants for service with Native Administrations was created and 50 women were enrolled for training in hospitals and health centres for service in their chiefdom.

UNICEF has provided midwifery kits for these maternity assistants. The course includes lectures and demonstrations in the conducts of normal confinements and deliveries but the standard will be lower than that of registered midwives. On completion of the course, the trainees will be posted for duty with Native Authorities and the objective is to make it possible in some chiefdoms at least for every woman in labour to have the services of some one who has had some training in simple hygiene and the conduct of labour.

2—GOVERNMENT MEDICAL SERVICES HOSPITAL SERVICES

19. The Government medical service is responsible for the bulk of the country's hospital services. There are base hospitals at Freetown and Bo, with rural hospitals either already in existence or now being built in the principal town of each Administrative District. Ancillary to the hospital services are a number of health centres for which District Councils now have financial responsibility with the aid of grants from the Government. A health centre contains dispensary, a small maternity and child welfare unit, and a sanitary office and store, with a staff of a dispenser, a midwife and a health inspector.

20. All institutions worked to full capacity during the course of the year despite shortage of staff and no institution was closed. In-patient admissions to Government hospitals during the past twelve months were approximately 12,200; out-patient and dispensary attendances were approximately 960,000.

21. While the development referred to in paragraph 7 is in progress the Princess Christian Mission Hospital continues to serve as an extension of the Connaught Hospital to accommodate convalescent women. This arrangement has proved satisfactory in releasing much needed bed space in the Connaught Hospital until the Maternity Hospital is moved to the reconstructed P. C. M. Hospital.

22. Work has started on the Infectious Diseases Hospital at Lakka and is being financed from funds provided locally.

23. With a network of dispensaries and health centres spread over the country and linked to base hospitals centred in the main towns it is hoped that every area will in time be provided with medical facilities for the benefit of inhabitants in the area. This, however, will depend on funds available and its apportionment among essential priorities in the plan of development.

MATERNITY AND CHILD WELFARE SERVICES

24. The maternity units of the various Government institutions have worked to full capacity during the year and the need for increased facilities is still being felt. Every effort is, however, being made to improve the service in providing additional accommodation and staff for both institutional and domiciliary work and it is hoped that the position will be greatly eased when the development of the Princess Christian Mission Hospital referred to in paragraph 21 is completed together with the additional units referred to in last year's report.

25. This has been the first full year of the Domiciliary Midwifery Service in Freetown. Clinics were held regularly and the service was well patronised. Eighty patients were recorded in the ante-natal clinic, twenty-seven of whom were delivered at home and forty-three admitted for complications.

26. There is no doubt that the introduction of a Domiciliary Midwifery Service in the Provinces will meet the same success as in Freetown and as already mentioned the village maternity assistants under the supervision of a registered midwife from the health centres will be able to attend at confinements in the homes of mothers in the case of normal deliveries thereby releasing hospital beds for cases requiring hospitalization.

27. The statistics for the Maternity Home in Freetown have again showed an increase over past years. Approximately 59 per cent. of the births registered in Freetown was actually delivered in the Maternity Hospital, that is, 2,038 out of a total of 3,467 births registered during the year. Attendances at the ante-natal, post-natal and infant welfare clinics amounted to well over 51,000 as against 38,900 in 1954. Ante-natal and infant welfare home visits by health visitors amounted to over 26,000 as against 24,000 in 1954.

28. In the Freetown Maternity Hospital there were 2,756 admissions as compared with 2,338 in 1954. Total deliveries amounted to 1,912 of which 1,507 were normal.

29. In the Provinces 844 admissions and 700 deliveries were recorded in Government hospitals.

30. The plan for maternity services in the Provinces under the control and supervision of Local Authorities has been discussed in paragraph 18. It is expected that the assistants will complete their training early in 1956 when they will be posted to work in the various chiefdoms.

31. The school medical service in Freetown was maintained throughout the year under the supervision of a lady medical officer except for brief periods when a senior health visitor was left in charge owing to the absence through ill health of the Lady Medical Officer-in Charge. Total attendances recorded at the clinic were over 40,000 as compared with 24,440 in 1954. The St. Joseph's School Clinic which is in receipt of a grant-in-aid from Government recorded over 21,000 attendances as compared with 15,633 in 1954.

MENTAL HOSPITAL

32. Dr. Wilson Rae, Deputy Chief Medical Officer to the Secretary of State for the Colonies visited this institution during his visit to this country in 1955 and gave valuable advice in connection with the development of the hospital mentioned in the last report. The main problems continue to be overcrowding and the classification of patients. These problems are, however, receiving the active consideration of Government in connection with plans already approved for the development of this institution.

INSTITUTIONS

33. The King George V Memorial Home incorporating the Male and Female Infirmarys and the Leper Home continued to provide a refuge for the aged and infirm both from the Colony and the Protectorate.

PRISONS

34. The general health of the prisoners including the Remand, Female Section and the New England Prison Camp was fairly good.

ENDEMIC DISEASES CONTROL UNIT

35. Shortage of medical officers and the absence on leave of the Medical Officer-in-Charge during the year reduced this unit to care and maintenance. A great deal of preparatory work was done, however, for the projected Yaws Campaign which is to start early in 1956. No fresh surveys have been made during the year. The number of new cases of trypanosomiasis treated remains small between 60 and 70, nearly all of whom came from the endemic area around Kailahun. The number of new cases of leprosy reporting has shown a sharp drop, and the number of attendances of lepers has also declined. This is believed to be partly due to the very great clinical improvement of many cases, who believe themselves to be cured, but lack of adequate medical supervision may also be a factor. Yaws is referred to below under UNICEF aid.

ENTOMOLOGICAL LABORATORY

Malaria Control

36. No changes were made in the method of malaria control employed. Considerable reliance is still placed on residual spraying particularly in the suburban areas. Houses are treated quarterly with formulations containing B.H.C. During the year more than twenty thousand houses were sprayed in the Freetown area.

37. Anopheline densities were higher than recorded since the introduction of residual spraying in 1952. In the urban areas the density recorded was of the same order as that found in the period immediately preceding the introduction of residual spraying. In the western suburban area anopheline densities were higher than have been recorded for some years. The increase in the anopheline density as compared with previous years was probably due to some extent to weather conditions. The rains were longer than usual while heavy showers which could be expected to assist control by washing out breeding places were infrequent. Reduction in supervision also appears to have contributed to this increase, particularly in the western suburban area, where lapses on the part of junior staff in the early rains was a major reason for the considerable increase in anopheline density in this area.

38. In contrast to the increase in the number of vectors the incidence of malaria as shown by the infection rate in school children and by the number of positive films recorded among adults attending the Connaught Hospital remained stable. The latter data, viz: hospital records, are suspect and may reflect staffing difficulties rather than a reduction in malaria transmission. The record differs from those of previous years in that there is virtually no increase in the number of positive films recorded in the month of July. Records of previous years show an increase in positive films in this month which parallel the June anopheline peak. Should these data reflect a true stability in the infection rate during the rains then it would appear that the increase in anopheline density did not exceed the critical density, which should now be higher than prior to the introduction of residual spraying.

39. Malaria control by residual spraying was continued at the airport at Lungi. Collection of data in the Rokupr area prior to treatment of this area with Dieldrin was continued. It is anticipated that treatment of this area with Dieldrin will be undertaken in 1956.

40. Some attention was paid to non-anopheline mosquitoes during the past year. Regular collections of peridomestic mosquitoes were made in the Freetown area to assess the aedes index for comparison with the indices derived from collections made by section health inspectors, with particular reference to the establishment and maintenance of an aedes free zone in the vicinity of the Queen Elizabeth II Quay. A survey of the prevalence of vectors of yellow fever in the Kono District was also undertaken.

41. Investigation of the culicine mosquitoes of the Freetown area has shown that two species are of major importance as "nuisance mosquitoes," and also as possible vectors of disease. *Culex thalassius* was very common in many areas during the early rains and is largely responsible for the mosquito nuisance at that time of year. *Culex fatigans* is also common. This latter mosquito has not been previously recorded from Sierra Leone. Although common in Freetown, a brief survey of the Colony villages failed to produce examples of this mosquito as did surveys of Bo, Rokupr, Lungi and part of the Kono District. The surveys were not exhaustive but they do suggest that *fatigans* is a recent arrival and that it may have been introduced, via Freetown, in the recent past. The possible role which this mosquito may take in the transmission of bancroftian filariasis is being investigated.

42. The Tonkolili District was visited to observe the entomological survey being made by Dr. Lewis. This survey was mainly concerned with the distribution of *Simulium damnosum* within the Sierra Leone Development Company's concession.

PATHOLOGICAL LABORATORY

43. A pathologist was recruited and joined the staff of the laboratory in April, 1955. It has, however, not been possible to recruit a senior pathologist, but efforts are still being made to secure the services of one. The absence of this officer on the staff of the laboratory has thrown an extra amount of work on the Pathologist who has found very little time to devote to the training of technical staff. In 1955, over 56,000 examinations of various kinds were done by this laboratory—a great amount of work for the small staff.

PORT HEALTH

44. The general sanitation at Lungi Airport was maintained throughout the year. No case of *aedes* mosquito breeding was discovered during the year though regular searches were carried out. This is due mainly to the improved methods of dealing with the coconut crop and the removal of the trees mentioned in last year's report.

45. An intensive yellow fever scratch vaccination campaign was carried out in the Kaffu Bullom Chiefdom around Lungi Airport in conjunction with the Federal Laboratory Service of Nigeria. (See paragraphs 64-66).

46. The Port Health Officer worked in collaboration with the Port Management during the year and sanitary conditions including the control of vaccination and rodent control in and around the quay were satisfactorily maintained.

47. There was no case of quarantinable disease in the neighbourhood of any port or airport during the year.

MEDICAL STORES

48. The supply position was satisfactorily maintained during the course of the year though difficulties were experienced in transporting supplies from the store to provincial hospitals. Efforts were, however, made in co-operation with the Railway Authorities to expedite the dispatch of supplies and an attempt was made with very good results to transport supplies by road instead of by rail. It is hoped that with the provisions of additional lorries it will be possible to make more use of the road than the rail service.

3—LOCAL AUTHORITY HEALTH SERVICES

49. This year has seen the management of health centres, dispensaries and the sanitation of towns and districts under the supervision and control of District Councils. With assigned and transferred staff from the Central Government the District Councils have had to shoulder a responsibility formerly borne by the Central Government and they have acquitted themselves creditably. This has, to a large extent, served as preparatory for future and greater responsibilities which they will have to shoulder in the gradual process of the transference of powers and responsibilities from the Central Government to Local Government bodies in the management of their own affairs.

50. The Rural Areas Council continued to be the Sanitary Authority in the Rural Areas and though the pace has been tardy in their acceptance of responsibility for medical and sanitary facilities, it is hoped that in the near future the Council will find it possible to take over these services on the same conditions as its counterpart in the Provinces.

51. Plans for the handing over of sanitary services in Freetown to the City Corporation are nearing completion but agreement has still to be reached on the financial commitments. When final agreement is reached the operation and maintenance of the sanitary services in Freetown will be the responsibility of the City Council, and staff at present employed by Government will either be assigned or transferred. No definite date has as yet been fixed for the handing over of the services.

52. Environmental sanitation in the health areas scheduled in the Public Health (Protectorate) Ordinance as mentioned in the last report inevitably varies with the resources and development of the particular areas, and upon the ability and energy of the respective Health Authorities. The work is, however, fraught with its own problems due to local customs and ignorance and the lack of adaptability and readiness of the people to co-operate in the general improvement of their areas. The process, however, must be gradual and much depends on the education of the people in order that a full appreciation might be obtained of general sanitary measures and their effect on the health of the inhabitants. The following extracts quoted from the reports of the Medical Officers at Kenema, Kailahun, Pujehun and Bonthe give a picture of what the position is and the difficulties which have to be surmounted:—

i. *On a District Headquarters Town with a Special Health Authority.*

(a) This town presents four features which from the point of view of sanitation are very unsatisfactory and these are:

- (1) A large swamp in the centre of the Town.
- (2) Poor water supply.
- (3) Overcrowding.
- (4) Heavy traffic on untarred roads which churns up a terrific amount of dust.

This town, of the three Special Health Areas, presents the biggest problem to the Special Health Authority—the chief reason being the recent influx of people, and a large shifting population. Nevertheless some progress has been made and in time the people will come to recognise the Special Health Authority as a body with authority. There are five Native Administration labourers and an overseer who are at present undergoing training in Kenema. A lorry park is in the process of construction and the main roads are to be tarred early in 1956. Private wells provide the main source of water. There is only one public latrine. Refuse disposal is by composting. The market and slaughterhouse were kept fairly satisfactorily. The town for the most part was dirty and overgrown with grass and various weeds. The labour force for a town the size of this one was inadequate and supervision poor.

- (b) There is only one public latrine and that is in the old town. The two in the new town have been allowed to fall into utter destruction and no action has been taken despite repeated letters. One public market in the new town with a meat stall is in a poor condition. There is as yet no slaughterhouse. There is one large otway pit in the residential area, which is almost full. A new one is in progress. Public latrines are needed in the old and new towns.

ii. *On Towns in Scheduled Health Areas.*

- (a) During the course of the year a Special Health Authority was appointed for each of the following two Health Areas:—Yengema and Gandohun. A maternity centre was also formally opened at Gandohun on the 30th of September by the Native Administration of the Gbane Chiefdom. An extensive vaccination campaign was carried out on the school children throughout the medical district. The Alluvial Diamond Mining Areas in the Kono District have become a major health problem.

Disease incidence has remained high as in all other underdeveloped areas. This could hardly be improved until poverty, ignorance and superstition are dispelled. A considerably high proportion of illness is due to the preventable diseases and curative methods are no substitute for the less spectacular preventive measures. Preventive measures would not be effective except the authorities could get the complete co-operation of the people which is not so easy to obtain at this stage.

(b) There are about 55 houses in this town, but only 2 of these have latrines. This means that faeces are deposited into or by the banks of the river which is indeed the main supply of drinking water.

iii. *On Towns not in Scheduled Health Areas.*

(a) A fine little town brisk with trade. The sanitary condition of this place was appalling at the beginning of the year, owing to the inefficiency of the Health Overseer. With the transfer there of another Overseer the situation had changed for the better by the end of the year. The health centre buildings were taken over on 29th December, 1955, and the clinic was held on 30th December, 1955, when the Government dispenser was transferred there.

(b) The scourge of this town is due mainly to wandering cows and flies. The Government health inspector spent four days here cleaning the town, but, with little co-operation from the inhabitants, the place is as dirty as ever. No better example can be given of the need of a fully trained health inspector to be appointed to these places instead of health overseers.

iv. *On a Principal Town in the Sherbro Urban District Council Area.*

The sanitary conditions of this large town are deplorable. There are about 1,025 houses in the town proper. The average number of persons in a house is about seven. Of these there are only about a third of the houses with bucket latrines. The rest of the population defecate indiscriminately about the town. Almost every culvert and waste land in the town is a public latrine. The nuisance this causes could best be imagined especially in the dry season. The public latrines erected in certain parts of the town have not been maintained, and as a result are no longer in use. Unless something is done to remedy the situation the danger of an outbreak of typhoid is very real.

4—PUBLIC HEALTH

53. The general health and the standard of sanitation throughout the country remained fairly satisfactory but there are disquieting features. No epidemic occurred during the course of the year and the ports at Freetown and Lungi were free from quarantinable diseases.

54. The diamond mining industry with the infiltration of people from areas adjacent to Sierra Leone and the concentration of large numbers of illicit diamond miners and traders in the alluvial diamond mining areas has, however, created special health problems. With such highly concentrated areas especially in the Kono District, the risk of an outbreak of epidemic is very considerable as every factor conducive to the spread of disease and the enhancing of virulence of an infection appears to be present: there is a combination of densely crowded population living in completely insanitary conditions with very con-

siderable population movement of a very mixed population. These conditions which are ideal for the development and spread of epidemic diseases received the attention of this Department. Every effort was made to reduce the possibility of any outbreak of epidemic.

55. A wide-spread vaccination campaign against small-pox was carried out in the South-eastern Province under the supervision of the Health Superintendent and the whole area especially in the Kono District was completely vaccinated. There was a scare of an unusual epidemic in the Kono District and a few fatal cases were reported. Consequent on this, a full investigation was conducted by a medical team comprising the Acting Director of Medical Services (Protectorate), the Medical Officer, Kailahun and two Health Superintendents, but no definite outbreak of an epidemic disease was discovered.

56. There was no major improvement to the water-supplies in the Protectorate. The Freetown water-supply continued to be inadequate during the dry season and the curtailment of the supplies during the dry season had to be resorted to as in previous years. All water samples taken were bacteriologically negative, except that on one occasion a sample of the Freetown water-supply was found to be unsatisfactory.

57. Government proclamations for the control of canine rabies were in force during the year in Freetown and in certain districts in the Provinces. Over a thousand dogs were destroyed in the Freetown area and two dog brains were found positive for negri bodies. The Veterinary Department inoculated some dogs with fleury strain vaccine on payment. But, as stated in the report for 1953, a mass campaign is impossible until the method of control by licensing is effective. There was no case of human rabies during the course of the year.

58. There was a marked increase of culicine breeding in Freetown and the main offender is *culex fatigans*. This problem has become one of increasing public health importance and the matter is receiving the serious attention of the Department.

59. Trapping and poisoning of rats were continued.

60. Refuse disposal in the Freetown area continued to be in the form of controlled tipping at King Tom, and the tip has been efficient and has caused little, if any, nuisance.

COMMUNICABLE DISEASES

(See also paragraphs 35-42)

61. No major epidemic has occurred, and the port and airport of Freetown have remained free of quarantinable diseases. There have, however, been disquieting incidents and in particular there has been anxiety about sanitary conditions in the illicit diamond diggings in the South-eastern Province. There has been a combination of highly insanitary condition with large numbers of immigrants seeking their fortunes. The many who are unlucky are said to suffer severely from malnutrition, and there have been persistent rumours of very considerable sickness and mortality in these places.

62. A feature of the changed economy is the very greatly increased importation of food and drink to these areas. There is evidence that the old methods of village sanitation, adequate enough to deal with local produce, is failing to handle the large quantities of

old tins, bottles, and other containers which have been imported to some places in greatly increased quantity. There is a resulting deterioration in mosquito infestation, particularly of *Aedes aegypti*.

63. *Yellow Fever*.—A fatal case of yellow fever proved by liver-section occurred at the Methodist Mission at Segbwema, South-eastern Province. The patient—a woman—had apparently been infected in her village a few miles away. Another suspected case was notified in a male African at the same hospital; this case recovered and a convalescent serum gave a positive mouse protection test. Investigation showed serious *Aedes aegypti* breeding in a number of the larger towns between Segbwema and Yengema in the South-eastern Province, but not at the village from which the diagnosed case was supposed to have been infected.

64. By arrangement with the Federal Government of Nigeria, and the Chief Medical Adviser, the Sierra Leone Medical Department was able to co-operate with the Chief Pathologist to the Federal Government, Dr. D. A. Cannon, in a trial of a 17 D scratch-vaccine, produced in the Federal Government laboratories at Yaba in Nigeria. It was arranged that the vaccine should be used in villages in the Kaffu Bullom Chiefdom around the Freetown airport at Lungi; this chiefdom is scheduled as a compulsory vaccination area under the Yellow Fever Inoculation Ordinance. Dr. D. A. Cannon, Dr. P. D. Meers and Mr. Dewhurst of the Federal Government and some Nigerian technicians, were responsible for arranging and carrying out a serum survey before and after vaccination, and a Sierra Leone vaccination team under a Chief Health Superintendent co-operated with them and performed vaccinations in the villages. The area was ideal for a field trial, as it is inhabited by a typical African farming community, but the presence of housing, electric power, and hospital-laboratory facilities at the airport, greatly simplified the pathological and technical work and villages are comparatively easily accessible from a motor road.

65. In November 600 pre-vaccination bloods were taken and the vaccination campaign started. In December persons who had given pre-vaccination sera were traced and post-vaccination serum was taken. Unfortunately at the final stage there was considerable unrest due to tax disputes in the district, and only 330 second sera could be obtained, of which 293 were submitted to test. These paired sera showed a rise in overall immunity rate from 17.4 per cent before vaccination to 90.8 per cent after vaccination; these being the proportions showing full immunity, disregarding inconclusives. The mass vaccination campaign vaccinated over 13,200 persons in the area, vaccinations being done by health inspectors-in-training, who were taught the technique on the spot.

66. The total population of the vaccinated area was estimated at between 14,000 and 16,000, so that about 90 per cent of the village population around the airport have been vaccinated. This is of course additional to the vaccination of every person employed at the airport in accordance with Article 73 of the International Sanitary Regulations. These employees are still vaccinated with injected 17 D approved by World Health Organisation.

67. *Smallpox*.—There was an increase of notifications of smallpox, 49 cases with three deaths being notified during the year. There was a considerable epidemic of smallpox outside Sierra Leone borders

in French Guinea, and two outbreaks here were caused by the entrance of an infected person by lorry from French Guinea. Both entered Sierra Leone at Kambia, Northern Province. One travelled about 90 miles by lorry and started a small outbreak in Kambia Town. Intensive vaccination stopped the spread of these outbreaks, and vaccination was continued around the main entrance roads and around the airport. A number of subsequent notifications were very doubtful, and may not have been smallpox.

68. *Tuberculosis*.—Reference has been made earlier to the Tuberculosis Hospital at Lakka. Dr. Roelsgaard of the Tuberculosis Research Office of World Health Organisation paid a short visit during the year in connection with a proposed tuberculosis-survey. It is proposed that World Health Organisation should do a tuberculosis-survey in Sierra Leone late in 1956 or early in 1957.

5—GENERAL

UNICEF AID

69. Two schemes of UNICEF aid were approved during the year. One was for maternity and child welfare and training of nurses, midwives and health inspectors. This includes equipment for 4 health centres and for training centres at Freetown and Bo for nurses and midwives, material for training health inspectors at Bo, with a 3-ton truck for transport on practical training. 200 midwifery kits for village maternity assistants with charts and simple models, and 66,000 lb of skimmed milk, total cost \$22,000.

70. The second is for equipment and penicillin for a yaws campaign to treat the whole population of the Northern Province (estimated 774,000) in accordance with World Health Organisation recommendations. The incidents of yaws from previous sample surveys is believed to exceed 10 per cent and those not diagnosed as overt cases of yaws will be treated as latent cases of contacts. The campaign is to take two years, and may then be continued to cover the whole country. UNICEF is providing 200,000 vials x 10 cc Penicillin, 4 motor vehicles with spares, syringes, sterilisers, etc. Serological laboratory unit, at a total estimated cost of \$63,000. Sierra Leone Government is providing staff, travelling expenses, equipment and treatment centres at cost of approximately £14–15,000 per annum, for the two-year period.

IMPORTANT VISITORS

71. The following visitors gave valuable advice during their stay in Sierra Leone:—

1. Dr. Wilson Rae, Deputy Chief Medical Officer, Colonial Office.
2. Dr. D. A. Cannon, Chief Pathologist of the Federal Government of Nigeria and Party.
3. Mr. C. D. Biggs of the Amalgamated Dental Company, Limited, London.
4. Mr. R. J. Vile, Assistant Secretary, West African Department, Colonial Office.
5. Mr. D. Oakley, Architect of the Staff of the Housing Advisers to the Colonial Office.
6. Mr. P. H. M. Stevens, Town Planner of the Staff of the Advisers to the Colonial Office.

7. Mr. P. C. G. Isaac, Senior Lecturer, University of Durham.
8. Dr. Roelsgaard, World Health Organisation Tuberculosis Officer.
72. Dr. E. Bradbury, Deputy Director of Medical Services, attended the W.H.O. Environmental Sanitation Seminar in Ibadan, Nigeria, in December.
73. Dr. T. P. Eddy, Director of Medical Services, attended the annual meeting of the West African Council for Medical Research and the Sixth Conference of Directors of Medical Services in West Africa at Lagos, Nigeria, in March. Dr. M. C. F. Easmon, Medical Officer, also attended the annual meeting of W.A.C.M.R.

LEGISLATION

74. Two new ordinances were enacted during the year, the Nurses Ordinance and the Midwives Ordinance. The Nurses Ordinance provides for a representative Nurses Council and for the registration and control of nurses. There has been no registration of nurses in Sierra Leone up to the present. There was a Midwives Ordinance with a Midwives Board and registration before, but this has been redrafted to make it similar to the Nurses Ordinance and to provide for registration of village maternity assistants.

75. The following were enacted during the year:—

Public Notice No. 6/1955—The Lunacy Regulation Ordinance, Cap. 131.

„ „ No. 7/1955—The Dogs Ordinance, Cap. 67

„ „ No. 8/1955—The Public Health (Protectorate) Ordinance, Cap. 191.

„ „ No. 9/1955—The Public Health (Protectorate) Ordinance, Cap. 191.

„ „ No. 23/1955—The Dogs Ordinance, Cap. 67

„ „ No. 30/1955—The Births and Deaths (Protectorate) Registration Ordinance, 1948 (No. 14 of 1948).

„ „ No. 37/1955—The Public Health (Protectorate) Ordinance, 191.

„ „ No. 38/1955— do. do.

„ „ No. 39/1955— do. do.

„ „ No. 40/1955— do. do.

„ „ No. 41/1955—The Dogs Ordinance, Cap. 67.

„ „ No. 62/1955—The Public Health (Protectorate) Ordinance, Cap. 191.

„ „ No. 67/1955—The Public Health (Protectorate) Ordinance, Cap. 191.

„ „ No. 73/1955—The Births and Deaths Registration Ordinance, Cap. 19.

„ „ No. 78/1955—The Dangerous Drugs Ordinance, Cap. 58.

„ „ No. 86/1955—The Dogs Ordinance, Cap. 67.

„ „ No. 105/1955—The Births and Deaths (Protectorate) Registration Ordinance, 1948 (No. 14 of 1948).

„ „ No. 125/1955—The Dogs Ordinance, Cap. 67.

T. P. EDDY,
Director of Medical Services.

PART II
CONTENTS

1—ADMINISTRATION AND STAFF

Establishment

Finance.

2—GOVERNMENT MEDICAL SERVICES:

Hospital Services—

 Government Hospital Beds

 Attendances at Government Hospitals

Maternity and Child Welfare Services—

 Freetown Maternity Home

 Freetown Domiciliary Midwifery Service

 Attendances at Freetown Clinics

 Home Visits by Freetown Health Visitors

 Attendances at Bo Clinics

 School Medical Services Attendances

Mental Hospital—

 Admissions and Discharges

Institutions—

 Admissions and Discharges

Endemic Diseases Control Unit—

 Sleeping Sickness Surveys

 Treatment Centre Returns

Entomological Laboratory.

Pathological Laboratory—

 Examinations Performed in the Freetown Laboratory

 Examinations Performed at Bo Laboratory

X-Ray Department

Port Health

Dental Service.

3—LOCAL AUTHORITY HEALTH SERVICES:

 List of Dispensaries and Health Centres

 Attendances at Dispensaries and Health Centres.

4—PUBLIC HEALTH:

Vital Statistics—

 Births and Deaths in Freetown and Colony

 Infant Mortality in Freetown

 Infant Mortality, Rural Areas

 Infant Mortality, Sherbro Urban District

 Birth and Death Registration in the Protectorate

 Infectious Disease Notifications

 Vaccinations.

5—GENERAL:

 UNICEF Aid

 Important Visitors

 Legislation.

APPENDIX I—Return of Patients Treated at Government Hospitals.

APPENDIX II—Mission and Mining Hospitals and Dispensaries Bed Strength.

PART II
STATISTICAL INFORMATION

1—ADMINISTRATION AND STAFF

ESTABLISHMENT

Administration

1 Director
1 Deputy Director
1 Assistant Director
1 Administrative Secretary
1 Stock Verifier
1 Financial Assistant

1 Assistant Stock Verifier
2 Hospital Secretaries
1 Chief Clerk
3 First Grade Clerks
38 Second and Third Grade Clerks.

General

1 Senior Specialist
3 Specialists
1 Senior Medical Officer (Health)
2 Medical Officers (Health)
1 Senior Medical Officer

32 Medical Officers (including Lady Medical Officers)
3 Medical Officers—Endemic Diseases Control Unit.
2 Physiotherapists.

Nursing

3 Senior Nursing Sisters
13 Nursing Sisters
4 Health Sisters
6 Senior Staff Nurses
12 Staff Nurses, Grade I
14 Staff Nurses, Grade II
194 Nurses and Midwives
220 Student Nurses and Student Midwives
1 Chief Surgical Assistant

1 Senior Surgical Assistant
1 Surgical Assistant
30 Probationer Infectious Diseases Nurses
1 Linen Store Supervisor
1 Laundry Supervisor
1 Senior Health Visitor
1 Health Visitor, Grade I
3 Health Visitors, Grade II
9 Health Visitors, Grade III.

Laboratory

1 Senior Pathologist
1 Pathologist
1 Laboratory Superintendent
1 Laboratory Assistant, Grade I

1 Laboratory Assistant, Grade II
6 Laboratory Assistants, Grade III
5 Laboratory Assistants-in-training.

Pharmaceutical

1 Chief Dispenser
3 Assistant Chief Dispensers
2 Senior Dispensers

7 Dispensers, Grade I
59 Dispensers, Grades II and III.

Radiological

3 Radiographers.

Dental

4 Dental Officers

2 Dental Mechanics.

Mental

1 Keeper
1 Matron

60 Senior Attendants and Attendants

Health

3 Chief Health Superintendents
1 Entomologist
11 Health Superintendents
1 Registrar of Births and Deaths
2 Entomologist Assistants

7 Health Inspectors, Grade I
10 Health Inspectors, Grade II
43 Health Inspectors, Grade III
38 Health Inspectors-in-training
1 Malaria Inspector.

Medical Stores

1 Storekeeper and Inspecting Pharmacist
3 Assistant Storekeepers & Inspecting Pharmacists
3 Store Assistants, Grade I

6 Store Assistants, Grade II
3 Store Assistants, Grade III
12 Store Issuers.

Endemic Diseases Control Unit

2 Senior Attendants, Class I
15 Senior Attendants, Class II

43 Attendants and Learners.

Transport

1 Transport Foreman
1 Motor Mechanic

3 Senior Drivers
37 Drivers.

Miscellaneous

Stokers, Cooks, Porters, Ward Attendants, Messengers, Packers, Telephone Operators, Sewing Maids, Mosquito Spotters, Special Constables, Carpenters, etc.

FINANCE

Expenditure during past three years:

		1953	1954	1955		
		£	£	s.	d.	£
Personal Emoluments	..	196,286	228,062	4	6	
Other Charges	..	198,358	208,355	15	11	
TOTAL	..	£ 394,644	436,418	0	5	

In addition there was the following expenditure on medical schemes under the Colonial Development and Welfare Act:—

		Revised Total Cost of Scheme	Expenditure to 31st December, 1955
		£	£
Protectorate Health Centres	83,583
Health Centres—Colony	41,740
New Hospital, Kenema	37,389
New Hospital, Koidu	53,000
New Hospital, Magburaka	89,200
Lungi Hospital	39,775
New Hospitals, Kambia and Port Loko	40,061

2—GOVERNMENT MEDICAL SERVICES

Hospital Services

GOVERNMENT HOSPITAL BEDS

NUMBER AND CATEGORY OF BEDS

Name and Location of Hospital	General	Obstet- rical	Tuber- culosis	Infec- tious	Mental	Remarks
A. COLONY:						
Connaught	165	—	13	7	—	+23 cots
Connaught Annexe	20	—	—	—	—	+2 „
Hill Station	38	—	—	2	1	+3 „
Maternity	—	58	—	—	—	+34 „
Murray Town	60	—	—	—	—	
Lakka Tuberculosis	—	—	49	—	—	
Kissy Mental	—	—	—	—	112	
King George V Me- morial Home	66	—	—	9*	—	For the aged and indigent
Female Infirmary	29	—	—	—	—	
Princess Christian	16	—	—	—	—	
B. PROTECTORATE:						
Bo	76	10	10	—	—	+12 cots
Bo Annexe	4	—	—	—	—	
Bonthe	32	6	—	2	—	+2 cots
Moyamba	16	2	—	—	—	+1 cot
Pujehun	22	—	—	—	—	+2 cots
Kailahun	20	2	—	1	—	+1 cot
Makeni	21	4	—	—	—	+2 cots
Port Loko	18	—	—	—	—	+4 cots
Kabala	39	2	—	—	—	+4 cots
Lungi	12†	—	—	—	—	
Kenema	10	—	—	—	—	
	664	84	72	21	113	+93 cots

* For Leprosy.

† The twelve beds in this Institution are reserved for emergency and in the event of an accident to aircraft.

ATTENDANCES AT GOVERNMENT HOSPITALS

Name of Institution	In-patients	OUT-PATIENTS		
		New Cases	Subsequent Attendances	Total Attendances
A. COLONY:				
Connaught	2,541	41,696	102,939	144,635
Hill Station	326	810	801	1,611
Maternity	2,798	—	—	—
Cline Town	—	23,406	57,320	80,726
Total	5,665	65,912	161,060	226,972
B. PROTECTORATE:				
Bo	2,277	21,055	81,249	102,304
Njala	—	8,387	6,544	14,931
Bonthe	685	9,350	21,189	30,539
Moyamba	817	8,617	17,618	26,235
Makeni	596	10,119	12,261	22,380
Pujehun	536	10,743	6,492	17,235
Kenema	294	9,648	38,292	47,940
Kailahun	411	5,122	23,597	28,719
Port Loko	369	15,602	31,607	47,209
Kabala	538	8,596	14,182	22,778
Lungi	—	3,980	4,097	8,077
Total	6,523	111,219	257,128	368,347
COLONY HOSPITALS	5,665	65,912	161,060	226,972
PROTECTORATE HOSPITALS	6,523	111,219	257,128	368,347
GRAND TOTAL	12,188	177,131	418,188	595,319

MATERNITY AND CHILD WELFARE SERVICES

Attendances and bed space are included under Hospital Services above.

Freetown Maternity Home.

In Freetown, out of a total of 1,912 deliveries there were 1,616 normal cases and 245 abnormalities excluding 51 deliveries before admission. 454 admissions for other complications of pregnancy, childbirth or the puerperium were recorded and 111 operations under general anaesthesia were performed.

Forty-four of the total 1,912 deliveries were twin deliveries. 2,038 babies were born, of these 141 were described as premature including 19 sets of premature twins.

One hundred still births and 31 post-natal deaths occurred in the 1,897 full-term infants.

Forty-three still births and 38 post-natal deaths occurred in the 141 premature infants.

There were 26 maternal deaths.

Domiciliary Midwifery Service.

This has been the first full year of the Domiciliary Midwifery Service in Freetown. Eighty patients were booked of whom 27 were delivered at home. Forty-three were admitted to the Maternity Hospital for complications and 10 made other arrangements for delivery.

In the provincial hospitals 639 women were admitted for normal deliveries, with 136 admissions for complications of pregnancy, childbirth, or the puerperium.

Seven hundred total deliveries were reported. Of these 335 deliveries took place at Bo Hospital of which 266 were normal deliveries and 69 complications.

Maternity and Welfare Clinics.

ATTENDANCES AT FREETOWN CLINICS

	New Cases			Subsequent Attendances.	
		1954	1955	1954	1955
Ante-natal and Post-natal Clinics ..	6,268	8,430	16,626	21,242	
Gynaecological V.D. Clinic ..	272	425	3,281	3,788	
Infant Welfare Clinic ..	4,220	2,976	11,710	19,164	

HOME VISITS BY FREETOWN HEALTH VISITORS

	New Cases			Subsequent Visits	
		1954	1955	1954	1955
Ante-natal Visits	2,104	2,530	2,984	3,290	
Post-natal and Infant Welfare Visits ..	3,594	6,221	19,590	20,468	

ATTENDANCES AT BO ANTE-NATAL CLINIC

	New Cases			1955	
		1953	1954	1954	1955
New Cases	669	831	942		
Subsequent Attendances	2,842	2,563	4,019		

ATTENDANCES AT BO INFANT WELFARE CLINIC

	New Cases			1955	
		1953	1954	1954	1955
New Cases	513	778	801		
Subsequent Attendances	2,050	3,530	3,958		

SCHOOL MEDICAL SERVICES

	First Attendances		Subsequent Attendances		Total Attendances	
	1954	1955	1954	1955	1954	1955
Freetown School Clinic ..	12,933	25,173	11,507	15,179	24,440	40,352
Saint Joseph's Convent ..	8,644	13,007	6,989	8,468	15,633	21,475

MENTAL HOSPITAL

Numbers of Patients admitted to Kissy Mental Hospital during the year:

	Males	Females	Total	
			Remaining in Hospital, 31st December, 1954 ..	Admissions
Remaining in Hospital, 31st December, 1954 ..	138	55	193	
Admissions	38	26		64
Discharges	23	20		43
Absconded	—	—		—
Deaths	15	11		26
Remaining in Hospital, 31st December, 1955 ..	138	50	188	

The causes of death were reported to have fallen into three main groups:—

(i) Diseases of old age; (ii) Syphilis; (iii) Intestinal parasites and Infection.

INSTITUTIONS

Admissions and discharges at the Kissy Female Infirmary and the King George V Memorial Home were:

	Males		Females		Total	
	Remaining in Hospital on 31st December, 1954 ..	Admissions	Discharges	Absconded	Deaths	Remaining in Hospital on 31st December, 1955 ..
Remaining in Hospital on 31st December, 1954 ..	69	34	3	2	18	80
Admissions	30	15	2	—	16	27
Discharges	15	3	—	—	16	27
Absconded	49	5	2	2	34	107
Deaths	5	2	—	—	34	107
Remaining in Hospital on 31st December, 1955 ..	99	49	5	2	34	107

ENDEMIC DISEASES CONTROL UNIT

Sixty-eight new cases of Sleeping Sickness were diagnosed and treated during the year, an increase of 16 over the 1954 figure. Of these, 49 came from the Kailahun Endemic Area, 12 from Kenema District and 7 from Kono. It was significant that the majority of these cases were treated in centres nearest to the borders of French Guinea and Liberia.

TREATMENT CENTRE RETURNS

	S.S.	Yaws	B'zia	Dysentery	Amoebic	Leprosy	Intestinal Diseases	Total	New Cases	Subsequent Attendances
South-Eastern Province	68	1,845	2,630	1,255	136	6,833	63,702	107,474		
Northern Province	—	858	12	61	68	617	4,516	10,995		

There are 22 treatment centres in the South-eastern Province and 3 treatment centres in the Northern Province.

ENTOMOLOGICAL LABORATORY

Full statistics are given in the Laboratory's reports which are published half-yearly.

PATHOLOGICAL LABORATORY.

Examinations Performed in the Freetown Laboratory.

BLOOD FILMS	..	..	..	..	..	..	..	..	11,313
Africans	..	..	..		10,228		1,071		
Europeans	..	..	..		1,085		6		
FAECES	..	..	..				—		4,016
Africans	..	..	..				3,810		
Europeans	..	..	..				206		
Taenia	..	..	..		16		—		
Ascaris	..	..	..		623		2		
Ankylostomes	..	..	..		173		2		
Strongyloides	..	..	..		175		—		
Trichuris	..	..	..		87		2		
Ent. Histolytica	..	..	..		91 (Veg.)		—		
Ent. Histolytica					46 (Cysts)		1		
Giardia	..	..	..		26 (Cysts)		1		
Iodamoebae	..	..	..		10 (Cysts)		—		
Trichomonas	..	..	..		46		—		
Sch. Mansoni	..	..	..		2		—		
Blood	..	..	..		322		12		
Pus	..	..	..		548		27		
Balantidium Coli	..	..	..		1		—		
Ent. Coli	..	..	..		18		—		
URINE	..	..	..	..	..	..	..		3,910
					3,744		166		
Albumen	..	..	..		1,860		98		
Sugar	..	..	..		98		3		
Acetone	..	..	..		11		—		
Casts	..	..	..		103		1		
Trichomonas	..	..	..		60		—		
Sch. Haematobium	..	..	..		27		—		
Pus	..	..	..		1,063		46		
Blood	..	..	..		128		3		

PATHOLOGICAL LABORATORY—*continued*Examinations Performed in the Freetown Laboratory—*continued*

SPUTUM ..	..	..	..	..	..	..	1,592
				Africans	Europeans	Asiatics	
				1,547	36	9	
Positive ..	..	..	..	223	—	—	
VENEREAL DISEASES ..	..	..	..	217	26	—	243
				—	—	—	
Urethral Smear ..	..	..	..	156	14	—	
Gonococci ..	..	..	..	67	3	—	
Vaginal Smear ..	..	..	..	55	—	—	
Gonococci ..	..	..	..	6	—	—	
Trichomonas ..	..	..	..	1	—	—	
Eye Smear ..	..	..	..	6	—	—	
Gonococci ..	..	..	..	—	—	—
D. G. I. ..	..	..	..	3	9	—	
T. Pallidum ..	..	..	..	—	—	—
SEROLOGICAL ..	..	..	..	..	..	..	9,034
Kahn ..	..	..	..	8,948	86	—	
				—	—	—	
Strong Positive ..	..	..	..	342	—	—	
Positive ..	..	..	..	1,723	—	—	
Doubtful ..	..	..	..	610	2	—	
LAUGHLIN TESTS ..	..	..	..	..	..	..	9,115
WIDAL REACTION ..	..	..	..	..	..	..	309
				Africans	Europeans		
AGGLUTINATION OVER 1:25 ..	..	..	..	296	13		
				—	—		
S. Typhi H ..	..	..	..	52	7		
S. Typhi O ..	..	..	..	24	—		
S. para typhi A ..	..	..	..	10	4		
S. para typhi B ..	..	..	..	6	1		
S. para typhi C ..	..	..	..	1	—		
S. Enteritidis ..	..	..	..	2	—		
S. Group ..	..	..	..	4	1		
BLOOD SEDIMENTATION RATE ..	..	..	..	..	..	..	1,388
				1,280	108		
				—	—		
HAEMATOLOGY ..	..	..	..	..	..	..	3,146
Red Cell Count ..	..	..	..	1,128	73=1,201		
Haemoglobin ..	..	..	..	2,625	160=2,785		
Cell Volume ..	..	..	..	2,504	151=2,655		
White Cell Count ..	..	..	..	1,485	162=1,647		
HAEMOGLOBIN ..				Over 12 gm.	10-12 gm.	7-10 gm.	Under 7
African—Male ..	..	..	..	351	341	240	62
Female ..	..	..	..	334	375	209	80
Maternity ..	..	..	..	160	252	169	52
European—Male ..	..	..	..	89	3	—	—
Female ..	..	..	..	60	8	—	—
BACTERIOLOGY ..	..	..	..	..	..	..	1,330
Faeces ..	..	..	..	..	..	..	666
Salm. typhi ..	..	..	..	..	..	..
Sh. Flexneri W ..	..	..	..	8	..	..
" " Z ..	..	..	..	15	..	..
" " VZ ..	..	..	..	1	..	..
" Sonnei ..	..	..	..	7	..	..
" Schimitzi ..	..	..	..	3	..	..
" Newcastle ..	..	..	..	1	..	..
" Flexneri 103 ..	..	..	..	5	..	..

<i>Urine</i>	..	..	..	..	..	..	221
<i>B. Coli</i>	..	..	56	..	..	..
<i>Haemolytic Strep.</i>	..	..	1	..	..	..
<i>B. Proteus</i>	..	..	2	..	..	..
<i>Staph Albus</i>	..	..	37	..	..	..
<i>BLOOD</i>	..	..	..	..	..	..	110
<i>Styphi</i>	..	..	2	..	..	..
<i>C.S.F.</i>	..	..	..	..	..	..	24
<i>Pneumococci</i>	..	..	1	..	..	..
<i>PUS</i>	..	..	..	..	..	..	20
<i>Staph pyogenes</i>	..	..	9	..	..	..
<i>EYE SWAB</i>	..	..	..	..	..	..	15
<i>Staph pyogenes</i>	..	..	2	..	..	..
<i>THROAT SWAB</i>	..	..	..	..	..	..	30
<i>Staph Aureus</i>	..	..	1	..	..	..
<i>NASAL SWAB</i>	..	..	..	..	..	..	1
<i>CERVICAL SWAB</i>	..	..	..	..	..	..	21
<i>SPUTUM</i>	..	..	..	..	..	..	48
<i>STERILITY TESTS</i>	..	..	..	..	..	..	78
<i>VAGINAL SWAB</i>	..	..	..	..	..	..	23
<i>BLOOD CLOTS</i>	..	..	..	..	..	..	2
<i>PLEURAL FLUID</i>	..	..	..	..	..	..	12
<i>SKIN LESION</i>	..	..	..	..	..	..	5
<i>ASCITIC FLUID</i>	..	..	..	..	..	..	3
<i>KNEE FLUID</i>	..	..	..	..	..	..	3
<i>SINUS SWAB</i>	..	..	..	..	..	..	1
<i>ULCER SWAB</i>	..	..	..	..	..	..	6
<i>URETHRAL SWAB</i>	..	..	..	..	..	..	3
<i>ABDOMINAL FLUID</i>	..	..	..	..	..	..	3
<i>LUMBAR PUNCTURE</i>	..	..	..	..	..	..	1
<i>TONGUE SWAB</i>	..	..	..	..	..	..	1
<i>INTESTINAL SWAB</i>	..	..	..	..	..	..	1
<i>STOMACH CONTENTS</i>	..	..	..	..	..	..	1
<i>EAR SWAB</i>	..	..	..	..	..	..	3
<i>VARIOUS</i>	..	..	..	..	..	..	28
<i>HISTOLOGY</i>	..	..	..	..	..	..	94
<i>Autopsy material</i>	..	..	9	..	..	..
<i>Animal brains</i>	..	..	19	..	..	..
<i>Biopsy</i>	..	..	41	..	..	..
<i>Uterine biopsy</i>	..	..	25	..	..	..

SECTIONS OF INTEREST

Epidermoid carcinoma of cervix
 Cervical erosion
 Squamous epithelioma
 Metastasis from hepatoma
 Foetal adenoma of thyroid
 Adamantinoma of mandible
 Tuberculous adenitis
 Rodent ulcer
 Basal cell carcinoma of orbit

<i>POST-MORTEM EXAMINATION</i>	..	..	..	..	..	..	212
<i>Coroner</i>	..	..	139	..	..	..
<i>Hospital</i>	..	..	38	..	..	..
<i>Asylum</i>	..	..	28	..	..	..
<i>Prisons</i>	..	..	7	..	..	..

Cause of Death:

<i>CARDIO-VASCULAR SYSTEM</i>	..	..	..	..	..	..	30
<i>Rupture of aortic aneurysm</i>	..	..	6	..	..	..
<i>Aortitis</i>	..	..	2	..	..	..
<i>Atheroma</i>	..	..	1	..	..	..
<i>Coronary Thrombosis</i>	..	..	1	..	..	..
<i>Myocardial infarction</i>	..	..	1	..	..	..
<i>Myocardial degeneration</i>	..	..	6	..	..	..

Cause of Death—continued

Pulmonary embolus ..	..	1	..	..
Hypertension ..	..	5	..	..
Congestive cardiac failure ..	..	6	..	..
Congenital heart disease ..	..	1	..	..
 RESPIRATORY SYSTEM ..	..	..	..	..	22
Lobar pneumonia ..	4	..	..	..
Broncho pneumonia ..	1	..	..	..
Hypostatic pneumonia ..	1	..	..	..
Abscess lung ..	3	..	..	..
Tuberculosis ..	13	..	..	..
 ALIMENTARY SYSTEM ..	..	..	..	..	23
Gastro enteritis ..	..	..	..	3	
Bacillary dysentery ..	..	..	..	2	
Perforated gastric ulcer ..	..	..	..	1	
Perforated duodenal ulcer ..	..	..	..	2	
Volvulus ..	..	..	..	1	
Intestinal obstruction ..	..	..	..	1	
Peritonitis ..	..	..	..	1	
Tuberculous peritonitis ..	..	..	..	1	
Cirrhosis of liver ..	..	..	..	4	
Necrosis of liver ..	..	..	..	1	
Hepatitis ..	..	..	..	2	
Carcinoma of liver ..	..	..	..	1	
Carcinoma of pancreas ..	..	..	..	2	
Lymphosarcoma ..	..	..	..	1	
 HAEMOPOETIC SYSTEM ..	..	..	..	..	5
Haemolytic Anaemia ..	..	1	..	..
Lymphadenoma ..	..	4	..	..
 RENAL ..	..	..	..	..	5
Nephritis ..	3	..	..	..
Pyelonephritis ..	1	..	..	..
Pyelitis ..	1	..	..	..
 REPRODUCTIVE SYSTEM ..	..	..	..	..	7
Rupture ectopic pregnancy ..	..	..	..	1	
Rupture of uterus ..	..	..	..	1	
Retained placenta ..	..	..	..	1	
Toxaemia of pregnancy ..	..	..	..	1	
Gonococcal salpingitis ..	..	..	..	1	
Lymphogranuloma inguinale ..	..	..	..	1	
Carcinoma of breast ..	..	..	..	1	
 CENTRAL NERVOUS SYSTEM ..	..	..	..	..	11
Cerebral haemorrhage ..	..	..	3	..	
Subarachnoid haemorrhage ..	..	..	1	..	
Meningitis tuberculous ..	..	..	2	..	
Meningitis meningococcal ..	..	..	2	..	
Meningitis Haemophilus influenzae ..	..	..	1	..	
Meningitis unclassified ..	..	..	1	..	
Syphilis (G.P.I.) ..	..	..	1	..	
 SPECIFIC INFECTIONS, PARASITES ..	..	..	..	..	17
Amoebic dysentery ..	..	5	..	..
Amoebic abscess ..	..	3	..	..
Amoebic hepatitis ..	..	1	..	..
Malaria ..	..	4	..	..
Typhoid ..	..	1	..	..
Ankylostomiasis ..	..	1	..	..
Ascaris ..	..	2	..	..

BIOCHEMISTRY	..	..	..	..	..	..	..
			<i>Africans</i>		<i>Europeans</i>		
Blood Urea	..	..	172		7		
Paul Bunell	..	..	2		1		
Blood Sugar	..	..	134		6		
Glucose Tolerance	..		12		3		
Gastric Analysis	..		16		5		
Urine	..	..	5		2		
Blood Calcium	..		6		—		
Liver Function Tests	..		54		29		
Acid Phosphatase	..		1		2		
Alkaline Phosphatase	..		3		—		
C.S.F.	..	..	30		—		
Blood Cholesterol	..		4		3		
Plasma Proteins	..		13		—		
Various	..	..	3		—		
			—		—		
			455		58		
			—		—		

SUMMARY OF THE VARIOUS TESTS UNDERTAKEN IN THE LABORATORY DURING THE YEAR 1955

TOTAL NUMBER OF SPECIMENS EXAMINED IN BO
LABORATORY—1955

X-RAY UNIT

X-Ray units are available at the Connaught Hospital, Freetown, and at the Bo Hospital, and both are in charge of radiographers. The following table records the number of examinations during the past five years:—

	FREETOWN				
	1951	1952	1953	1954	1955
Total patients examined ..	5,689	6,186	5,876	5,795	6,228
Radiographic examinations ..	10,229	11,616	8,321		12,979
Fluoroscopic examinations ..	1,409	673	574		762
Total radiological examinations ..	11,638	12,289	8,895		13,741

In Bo 1,503 patients were examined during 1955.

PORT HEALTH

FREETOWN PORT

Nine hundred and fifty ships were boarded during the year of which 461 received radio pratique. 675 passengers were vaccinated against small-pox and 1,297 members of crews were vaccinated of which 97 were Europeans. No ship was subjected to quarantine measures.

FREETOWN AIRPORT—LUNGI

Five hundred and thirty-three aircraft visited and were sprayed with insecticides. The health documents of all passengers were checked and no passenger or plane was subjected to quarantine measures other than the disinsectisation of aircraft. 566 vaccinations against small-pox were performed including 66 vaccinations on out-going and in-coming travellers. 13,200 persons in chiefdom villages around the airport were vaccinated against yellow fever in connection with an intensified yellow fever scratch vaccination campaign carried out in conjunction with the Federal Laboratory Service of Nigeria.

DENTAL SERVICE

The figures for treatments given in Freetown are:

		Patients	Fillings	Extractions	Other Treatment
1950	..	8,421	1,085	7,743	341
1951	..	9,399	1,548	7,865	140
1952	..	10,909	2,372	8,377	1,066
1953	..	7,789	1,192	6,120	389
1954	..	6,134	702	5,878	731
1955	..	8,574	1,219	5,031	2,324

The figures for treatments given at Bo are:

Patients	Fillings	Extractions	Treatment
2,176	246	1,148	782

3—LOCAL AUTHORITY HEALTH SERVICES

All dispensaries and health centres not attached to a hospital are listed here, though in the Colony there has not yet been a complete handing over in some cases:—

LIST OF DISPENSARIES AND HEALTH CENTRES

<i>Area</i>		<i>Place</i>	<i>Type of Unit</i>
Colony	.. .. ..	Regent	Dispensary
		Kent	Dispensary
		York	Health Centre
		Waterloo	Health Centre
		Songo	Lock-up
		Hastings	Dispensary
		Newton	Lock-up
		Kissy	Dispensary
		Wellington	Lock-up
		Bananas	"
		Hamilton	"
		Goderich	"
		Russell	"
South-western Province	.. ..	Bauya	Dispensary
		Mabang	Dispensary
		Mano	Health Centre
		Koribundu	" "
		Sembehun	" "
		Sulima	Dispensary
		Sumbuya	Health Centre
		Gbap	Dispensary
		York Island	Dispensary
		Zimi	Health Centre
		Shengé	" "
		Medina	" "
South-eastern Province	.. ..	Blama	Dispensary
		Pendembu	Health Centre
		Daru	Health Centre
		Koidu	Dispensary
		Kaiyima	Health Centre
Northern Province	.. ..	Magburaka	Dispensary
		Yonibana	Health Centre
		Kambia	Health Centre
		Batkanu	Dispensary
		Lunsar	Health Centre
		Yele	" "
		Numea	" "
		Falaba	" "
		Gbinti	" "
		Bumbuna	" "
		Makali	" "
		Kychom	" "

ATTENDANCES AT DISPENSARIES AND HEALTH CENTRES

<i>Area</i>	<i>New Cases</i>	<i>Subsequent Attendances</i>	<i>Total Attendances</i>
Colony	29,184	55,953
South-western Province	..	38,729	80,601
South-eastern Province	..	16,675	29,916
Northern Province	..	31,591	46,591
			78,549
		116,179	213,428
			329,607

4—THE PUBLIC HEALTH

VITAL STATISTICS

Report of Chief Registrar of Births and Deaths, Freetown and Colony.

Without a full and up-to-date census it is not possible to give accurate vital statistics of birth rates and death rates. No substantial changes in mortality or disease have been noticed during the year; only a very small proportion of deaths are medically certified by qualified medical practitioners and therefore detailed statistics of mortality from the principal diseases cannot be given but records of diseases and deaths in Government hospitals indicate the most observed cases of disease and mortality. Infant mortality in Freetown has been maintained at a level of approximately 120 infants per 1,000 live births; but outside Freetown where registration is less complete and statistics less reliable and maternity services still relatively undeveloped infant mortality is believed to be much higher.

BIRTHS AND DEATHS REGISTERED IN FREETOWN AND THE COLONY, 1955

			LIVE BIRTHS		
			Male	Female	Total
Freetown	..	..	1,739	1,728	3,467
Rural Areas	..	..	1,038	913	1,951
Bonthe (Sherbro Urban District)			52	61	113
			2,829	2,702	5,531

DEATHS

			DEATHS		
			Male	Female	Total
Freetown	..	..	901	770	1,671
Rural Areas	..	..	656	560	1,216
Bonthe (Sherbro Urban District)			57	49	106
			1,614	1,379	2,993

BIRTHS, STILL BIRTHS AND INFANT MORTALITY IN FREETOWN

			INFANT MORTALITY RATE		
			Male	Female	Total
Live Births	..	..	1,739	1,728	3,467
Still-births	..	..	111	83	194
Deaths under one year of age	..		226	207	433

Deaths under one year per 1,000 live births	..	124.9
Still-birth rate, Still births per 1,000 total births		55.9

As 143 of the 194 registered still births occurred in the Maternity Home over half of the total registered still births, it is likely that outside the Home there has been either under registration of still births or mistaken registration of still births as infant deaths.

Of the 433 deaths under one year of age, 234 died in the first month of life, a rate of 67.5 per 1,000 live births.

FREETOWN INFANT MORTALITY RATES FOR THE PAST NINE YEARS HAVE BEEN

1947	1948	1949	1950	1951	1952	1953	1954	1955
182	159	158	148	119	143	116	110	124.9

The births and the infant deaths registered in the suburban villages were 397 and 66 respectively. A more comprehensive infant mortality rate for Freetown and its suburbs would therefore be:

		Live Births	Deaths under 1 Year
Freetown Registration Area		3,467	433
Suburban Villages ..		397	66
Total ..		3,864	499

Infant Mortality Rate for Freetown and suburban villages = 129 infant deaths per 1,000 live births.

Analysis of the Freetown registrations shows that Creoles appear to have a lower infant mortality than children born of women belonging to tribes indigenous in the Sierra Leone Provinces.

LIVE BIRTHS, INFANT DEATHS PER 1,000 LIVE BIRTHS OF RACIAL GROUPS, REGISTERED IN FREETOWN

Race or Group	1955			1954		
	Live Births	Deaths under 1 Year	Infant Mortality Rate	Live Births	Deaths under 1 Year	Infant Mortality Rate
Creoles ..	850	71	83	1,031	74	73
Sierra Leone Tribal Group ..	2,255	322	138	1,901	259	136
Syrians, Lebanese and Indians ..	90	9	100	104	2	—
Europeans and Americans ..	30	2	66	28	3	—
Other Africans and West Indians (Nigerians, etc.)	242	29	120	32	2	—
Total ..	3,467	433	124	3,096	340	110

Rural Areas—Colony.

In the rural areas of the Colony the recorded registrations of births and infant deaths are:

	Male	Female	Total
Live Births	1,038	913	1,951
Deaths under 12 months	127	111	238

The large villages in which registrations appear to be regular are shown below:

Village		Registered		Infant Mortality Rate per 1,000 live Births	Live Births at Maternity		Corrected Infant Mortality Rate
		Registered	Deaths		Home	Corrected	
		Live Births	under 1 Year		Registered in Freetown	Infant Mortality Rate	
Wilberforce ..	..	152	20	131	24	113	
Murray Town ..	..	85	19	223	24	174	
Kissy ..	..	160	27	170	36	138	
Regent ..	..	48	14	291	7	254	
Hastings ..	..	92	12	130	2	127	
Wellington ..	..	110	27	245	13	219	
Waterloo ..	..	118	33	279	3	272	
York ..	..	16	2	125	2	111	
Newton ..	..	176	22	125	1	124	
Goderich ..	..	53	15	283	12	230	
Russell ..	..	77	15	194	—	194	

No conclusion can be drawn from these statistics as they are of doubtful validity.

Sherbro Urban District.

In the Sherbro Urban District, the recorded registrations of births and infant deaths are:

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Live Births ..	..	52	61	113
Deaths under 12 months		18	17	35
Infant Mortality Rate ..	309			

Protectorate.

There are still seven chiefdoms in which registration is compulsory. In only three does registration appear to be at all regular.

REGISTERED NUMBER OF LIVE BIRTHS AND DEATHS, AND DEATHS
UNDER 12 MONTHS OF AGE IN SEVEN CHIEFDOMS WITH
COMPULSORY REGISTRATION

<i>Chiefdom</i>	<i>Town</i>	<i>Live Births</i>			<i>Total Deaths</i>			<i>Deaths under 12 Months of Age</i>		
		<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Nongowa ..	Kenema ..	405	351	756	240	243	483	93	86	179
Kaiyamba ..	Moyamba ..	43	46	89	22	6	28	1	—	1
Nimikoro ..	Jaiama ..	51	37	88	8	6	14	2	—	2
Jawi ..	Daru ..	6	6	12	9	12	21	1	3	4
Magbema	Kambia ..	79	76	155	14	21	35	—	1	1
Jong ..	Mattru ..	94	103	197	83	80	163	25	20	45
Panga										
Kabondo	Pujehun ..	38	31	69	61	64	125	4	6	10

Infectious Disease Notifications.

The following Infectious Diseases were notified during the year 1955:—

		<i>Cases</i>	<i>Deaths</i>
Cholera	—
Plague	—
Smallpox	49
Typhus fever (Murine)	—
Yellow fever	1:1*
Cerebro-Spinal Meningitis	16
Dysentery	3,075
Influenza	4
Pneumonia	859
Poliomyelitis	1
Relapsing fever	—
Sleeping sickness	69
Enteric fever	27
Chicken pox	256

*Suspected case.

Vaccinations.

The following vaccinations were performed during the year:—

		<i>Total</i>
Smallpox ..	..	108,966
Yellow fever ..	..	5,663 (performed in the Government Laboratory, Freetown).

(Sgd.) T. P. EDDY,

Director.

APPENDIX I

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

DISEASES

EXPATRIATES

NON-EXPATRIATES

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

Inter- mediate List No.	Detailed List No.	DISEASES	EXPA TRIATES						NON-EXPATRIATES								
			In-Patients			Deaths			Out-Patients			In-Patients			Deaths		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
CAUSE GROUPS																	
		Brought forward	..	..	..	..	10	3	1	—	36	12	449	171	38	12
		Erysipelas	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Septicæmia and pyæmia	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Diphtheria	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Whooping cough	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Meningococcal infections	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Plague	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Leprosy	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Tetanus	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Anthrax	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Acute poliomyelitis	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Acute infectious encephalitis	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Late effects of acute poliomyelitis and acute infectious encephalitis	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Smallpox	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Measles	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Yellow fever	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Infectious hepatitis	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Rabies	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Louse-borne epidemic typhus	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Flea-borne endemic typhus (murine)	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Tick-borne epidemic typhus	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Mite-borne typhus	..	..	..	..	—	—	—	—	—	—	—	—	—	—
		Carried forward	..	..	..	..	—	—	—	—	—	—	—	—	—	—
			18	7	1	—	45	17	539	277	71	54	9,409	3,107			

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

Inter- mediate List No.	Detailed List No.	DISEASES	EXPATRIATES						NON-EXPATRIATES								
			In-Patients			Deaths			Out-Patients			In-Patients			Deaths		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
		CAUSE GROUPS															
		Brought forward	..														
A 36(e)	102, 103, 106- 108	Other and unspecified typhus	..														
A 37(a)	110	vivax malaria (benign tertian)	..														
(b)	111	Malariaæ malaria (quartan)	..														
(c)	112	Falciparum malaria (malignant tertian)	..														
(d)	115	Blackwater fever	..														
(e)	113, 114, 116, 117	Other and unspecified forms of malaria	..														
A 38(a)	123.0	Schistosomiasis vesical (S. haematoalbum)	..														
(b)	123.1	Schistosomiasis intestinal (S. mansoni)	..														
(c)	123.2	Schistosomiasis pulmonary (S. japonicum)	..														
(d)	123.3	Other and unspecified schistosomiasis	..														
A 39	125	Hydatid disease	..														
A 40(a)	127	Onchocerciasis	..														
(b)		Loiasis	..														
(c)		Filariasis (bancrofti)	..														
(d)		Other filariasis	..														
A 41	129	Ankylostomiasis	..														
A 42(a)	126	Tapeworm (infestation) and other cestode infestations	..														
(b)	130.0	Ascariasis	..														
(c)	130.3	Guinea worm (dracunculosis)	..														
		Carried forward	..														
			70	20	2	—	173	56	1,320	814	107	70	25,375	12,414	33		

APPENDIX I—continued

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

Inter- mediate List No.	Detailed List No.	DISEASES	EXPATRIATES						NON-EXPATRIATES											
			In-Patients			Deaths			Out-Patients			In-Patients			Deaths					
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	F.			
		CAUSE GROUPS																		
		Brought forward	..	..	..	..	70	20	2	—	173	56	1,320	814	107	70	25,375	12,414	
A 42 (d)	124, 128, 130.1, 130.2	Other diseases due to helminths	..	..	..	..	—	1	—	—	—	6	11	8	4	—	—	456	277
A 43 (a)	037	Lymphogranuloma venereum	—	—	—	—	—	—	—	8	—	—	—	—	388	188
(b)	038	Granuloma inguinale, venereal	—	—	—	—	—	—	—	18	4	—	—	—	377	102
(c)	039	Other and unspecified venereal diseases	—	—	—	—	—	1	—	—	6	10	—	—	199	117
(d)	049	Food poisoning infection and intoxication	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(e)	071	Relapsing fever	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—
(f)	072	Leptospirosis (icterohaemorrhagica (Weil's disease))	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—
(g)	073	Yaws	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—
(h)	087	Chickenpox	..	..	..	..	—	—	—	—	—	2	1	6	—	—	—	89	33
(i)	090	Dengue	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—
(j)	095	Trachoma	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	2	1
(k)	096.7	Sandfly fever	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	1	2
(l)	120	Leishmaniasis	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—
(m)	121 (a)	Trypanosomiasis gambiensis	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—
	(b)	Trypanosomiasis rhodesiensis	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—
	(c)	Other and unspecified trypanosomiasis	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—
		Carried forward	..	72	22	2	—	182	68	1,388	840	108	70	31,939	16,705					

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

DISEASES

EXPATRIATES

NON-EXPATRIATES

APPENDIX I—*continued*
 RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN
 HOSPITAL AT THE END OF 1954)

Inter- mediate List List No.	Detailed List No.	DISEASES						EXPATRIATES						NON-EXPATRIATES					
		In-Patients			Deaths			Out-Patients			In-Patients			Deaths			Out-Patients		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
CAUSE GROUPS																			
		Brought forward						87						26					
A	53	172-174																	
		Malignant neoplasm of other and unspecified parts of uterus						..						250					
A	54	177																	
A	55	190, 191						..						..
A	56	196, 197						..						..
A	57	155-160, 164, 165, 175, 176, 178-181, 192- 195, 198, 199						..						..
A	58	204						..						..
A	59	200-203						..						..
A	60	210-239						..						..
A	61	250, 251						..						..
A	62	252						..						..
A	63	260						..						..
A	64(a)	280						..						..
	(b)	281						..						..
	(c)	282						..						..
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												
												

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

DISEASES	NON-EXPATRIATES												
	EXPATRIATES						NON-EXPATRIATES						
	In-Patients			Deaths			Out-Patients			In-Patients			Deaths
Inter- mediate List No.	Detailed List No.	M.	F.	M.	F.	M.	M.	F.	M.	M.	F.	M.	F.
CAUSE GROUPS													
		Brought forward			...			...			...
A	64(d)	283-286											
A	65(a)	290											
	(b)	291											
	(c)	292, 293											
A	66(a)	241											
	(b)	240, 242-245,											
		253, 254, 270-											
		277, 287-289,											
		294-299											
A	67	300-309											
A	68	310-324, 326											
A	69	325											
A	70	330-334											
A	71	340											
A	72	345											
A	73	353											
A	74	370-379											
A	75	385											
A	76	387											
A	77(a)	390											
Carried forward													
		106	37	2	—	325	127	1,658	1,125	150	100	36,112	19,842

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

Inter- mediate List No.	Detailed List No.	DISEASES	EXPATRIATES						NON-EXPATRIATES								
			In-Patients			Deaths			Out-Patients			In-Patients			Deaths		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
CAUSE GROUPS																	
		Brought forward	..	..	106	37	2	—	325	127	1,658	1,125	150	100	36,112	19,842
A 77(b)	391-393	Otitis media and mastoiditis	..	..	1	—	—	—	13	2	3	—	—	—	88	53
(c)	394	Other inflammatory diseases of ear	..	..	—	—	—	—	11	5	6	2	—	—	392	291
A 78(a)	380-384, 386,	All other diseases and conditions of eye	..	..	—	—	—	—	2	1	31	23	—	—	823	435
(b)	388, 389																
(b)	341, 344, 350-																
	352, 354-357,																
	360-369, 395-	All other diseases of the nervous system and															
	398	sense organs	..	..	5	—	—	—	—	—	—	—	3	1	540	256
A	400-402	Rheumatic fever	..	..	—	—	—	—	—	2	3	—	—	—	4	2
A	410-416	Chronic rheumatic heart disease	..	..	—	—	—	—	—	—	6	4	—	—	12	5
A	420-422	Arteriosclerotic and degenerative heart disease	..	..	—	—	—	—	—	—	9	8	—	—	20	10
A	430-434	Other diseases of heart	..	..	—	—	—	—	—	—	95	42	27	8	248	167
A	440-443	Hypertension with heart disease	..	..	—	—	—	—	—	—	5	4	2	1	18	17
A	444-447	Hypertension without mention of heart	..	..	—	—	—	—	—	—	36	25	3	2	31	22
A	450-456	Diseases of arteries	..	..	—	—	—	—	—	—	13	3	5	2	75	8
A	460-468	Other diseases of circulatory system	..	..	—	—	—	—	—	—	17	19	6	4	287	146
A	470-475	Acute upper respiratory infections	..	..	—	—	—	—	—	—	4	1	—	—	906	620
A	480-483	Influenza	..	..	—	—	—	—	—	—	—	—	—	—	1	2
A	490	Lobar Pneumonia	..	..	—	—	—	—	—	—	—	—	—	—	10	168
A	491	Bronchopneumonia	..	..	—	—	—	—	—	—	—	—	—	—	25	160
A	492, 493	Primary atypical, other and unspecified pneumonia	..	..	—	—	—	—	—	—	—	—	—	—	25	132
		Carried forward	..	..	134	44	3	—	429	163	2,194	1,454	247	159	39,927	22,098

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

NON-EXPATRIATES

EXPATRIATES

DISEASES

Inter- mediate List No.	Detailed List No.	Cause Groups	In-Patients			Deaths			Out-Patients			In-Patients			Deaths			Out-Patients		
			M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.	F.		
A	92	500	134	44	3	—	429	163	2,194	1,454	247	159	39,927	22,098	—	—	—	—		
A	93	501, 502	2	—	—	—	—	13	—	51	48	2	1	908	590	—	—	—	—	
A	94	510	2	—	—	—	—	4	1	58	29	—	—	2,045	1,082	—	—	—	—	
A	95	518, 521	1	—	—	—	—	—	3	—	—	—	—	4	2	—	—	—	—	
A	96	519	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	
A	97(a)	523	—	—	—	—	—	—	—	16	6	—	—	45	11	—	—	—	—	
A	(b) 511–517, 520–522, 524–527		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	98(a)	530	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	(b) 531–535		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	99	540	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	100	541	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	101	543	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	102	550–553	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	103	560, 561, 570	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	104(a) 571.0		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b)	571.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c)	572	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	105	581	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	106	584, 585	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
A	107	536–539, 542, 544, 545, 573–580, 582, 583, 586, 587	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Other diseases of digestive system	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Carried forward	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			9.	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
			178	57	4	2	529	200	3,251	1,756	308	181	55,069	29,933	39	39	39	39	39	

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

NON-EXPATRIATES

EXPATRIATES DISEASES

APPENDIX I—*continued*
 RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

APPENDIX I—*continued*

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

“E” CODE—*contd.*—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE)—*continued.*

Inter- mediate List No.	Detailed List No.	Cause Groups	DISEASES						EXPATRIATES						NON-EXPATRIATES						
			In-Patients			Deaths			Out-Patients			In-Patients			Deaths			Out-Patients			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
AE 146	E929	Brought forward	..	270	123	4	2	871	359	4,894	6,076	408	275	86,882	50,602	—	—	3	—	—	
AE 147(a)	E920	Accidental drowning and submersion	..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
(b)	E923	Foreign body entering eye and adnexa	..	—	—	—	—	—	—	3	—	1	—	—	—	—	—	—	262	152	
(c)	E927	Foreign body entering other orifice	..	—	—	—	—	—	—	3	1	4	4	—	—	—	—	—	131	67	
(c)	E927	Accidents caused by bites and stings of venomous animals and insects	..	—	—	—	—	—	—	5	3	16	10	—	—	—	—	—	380	274	
(d)	E928	Other accidents caused by animals	..	—	—	—	—	—	—	1	1	6	2	—	—	—	—	—	406	155	
(e)	E910, E911, E913-E915, E921, E922, E924-E926, E930-E965	All other accidental causes	7	—	1	—	37	1	220	39	11	2	3,131	1,428
AE 148	E970-E979	Suicide and self-inflicted injury	—	—	—	—	—	—	—	—	—	—	—	—
AE 149	E980-E985	Homicide and injury purposely inflicted by other persons (not in war)	—	—	—	—	—	—	—	—	—	—	—	55
AE 150	E990-E999	Injury resulting from operations of war	—	—	—	—	—	—	—	—	—	—	—	—
		Total	277	123	5	2	920	365	5,145	6,133	419	277	91,320	52,733

RETURN OF PATIENTS TREATED AT GOVERNMENT HOSPITALS (EXCLUDING PATIENTS REMAINING IN HOSPITAL AT THE END OF 1954)

“N” CODE—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (NATURE OF INJURY)

DISEASES

APPENDIX II
MISSION AND MINING HOSPITALS AND DISPENSARIES BED STRENGTH

Name and Mission	Place	NUMBER AND CATEGORY OF BEDS				Remarks
		General	Obstetrical	Tuberculosis	Infectious	
MISSION HOSPITALS						
American Wesleyan	..	Kamakwie	..	..	2	—
Evangelical United Brethren in Christ	..	Rotifunk	..	22	12	—
		Tiama	..	—	7	—
Methodist	..	Segbwema	..	..	36	—
Roman Catholic	..	Serabu	..	..	21	—
MISSION DISPENSARIES (NOT UNDER THE CARE OF A RESIDENT MEDICAL OFFICER)						
American Wesleyan	..	Kukuna, <i>via</i> Rokupr	..	..	2	1
		Bendembu, <i>via</i> Makeni	..	—	—	—
		Massumbo, <i>via</i> Makeni	..	—	—	—
		Kamabai, <i>via</i> Makeni	..	—	—	—
		Bafodia, <i>via</i> Kabala	..	—	—	—
		Mattru Jong	..	..	5	7
		Gbangbaia (visited monthly)	..	—	—	—
United Brethren American	..	Carried forward	..	—	—	—
				54	4	4
				plus 6 cots	—	plus 28 cots

APPENDIX II—*continued*

MISSION AND MINING HOSPITALS AND DISPENSARIES BED STRENGTH

NUMBER AND CATEGORY OF BEDS

Name and Mission	Place	NUMBER AND CATEGORY OF BEDS					Remarks
		General	Obstetrical	Tubercu- losis	Infectious	Mental	
MISSION DISPENSARIES (NOT UNDER THE CARE OF A RESIDENT MEDICAL OFFICER)— <i>continued</i>							
Brought forward	..	..	..	118	54	4	—
Missionary Church Association	..	Yifin (Niemi Chieftain)	..	12	—	—	plus 28 cots
Sambaia Bendugu	..	..	—	—	—	—	—
Mayoso	..	..	—	—	2	—	—
Methodist	..	Bunumbu	..	..	4	—	—
Evangelical United Brethren in Christ	..	Jojoima	..	..	2	—	—
		Jaiama	..	..	3	4	—
MINING HOSPITALS							
Sierra Leone Selection Trust	Yengema	..	..	36	4	—	20
Sierra Leone Development Company	..	..	Marampa	..	26	3	—
				..	..	—	9
MINING DISPENSARY (NOT UNDER THE CARE OF A RESIDENT MEDICAL OFFICER)							
Sierra Leone Development Company	..	Pepele	..	..	4	—	—
				—	—
Total	..			205	67	4	33
						—	plus 36 cots

G.P. O/11419/56/350/3.57.